

Cannock Urban District Council.



ANNUAL REPORT

OF THE

Medical Officer of Health,

W. M. CLENDINNEN,

M.B., Ch.B., M.R.C.S., L.R.C.P.,

Diplomate of Public Health, University of Cambridge,

FOR THE YEAR 1925.



Printed, by order of the Urban District Council, by
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Vital Statistics of Whole District during 1925 and Previous Years.

Year	Population estimated to middle of each year.	Nett Births	Nett Deaths belonging to the District			
			Under 1 Year of Age		Number	Rate per 1000 Nett Births
			Number	Rate per 1000		
1914	30,500	996	32.6	129	129	438
1915	30,337	920	30.3	91	99	417
1916	29,755	896	27.6	82	91.5	403
1917	28,785	864	26.9	85	98	358
1918	28,806	860	26.6	107	124	615
1919	33,411	794	22.7	67	84	383
1920	34,743	984	28.3	86	87	367
1921	32,930	979	29.7	101	104	390
1922	33,440	871	26	74	85	406
1923	33,810	849	25	72	84.8	367
1924	34,710	887	25.5	72	81.2	373
1925	35,460	825	23.2	70	84.8	363

NOTE.—Estimated Populations for 1919 and 1920 were too high. For some of these years Birth Rates were calculated on a greater estimated population than that for Death Rates.

Area of District in Acres (exclusive of area covered by water), 8,010.

Total Population at all ages, 32,930; Number of Inhabited Houses, 6,019; Number of Families or separate occupiers, 6,710; at Census, 1921.

Ratable Value, £141,374. Sum represented by a Penny Rate, £160.

Poor Law Relief (Outdoor) year ended September 1925, £7,055.

CANNOCK URBAN DISTRICT COUNCIL.

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FOR THE YEAR 1925.

Gentlemen,

In this Survey Report, which has been compiled in accordance with the instructions of the Ministry of Health endeavour is made to show the standing of the district as compared with five years ago.

From a study of the vital statistics will be seen rapid increase of population, a lowered Death Rate than that of the previous five years, even when the effect of the holocaust in the shape of Influenza in 1918 is deducted; a lower, but still high Birth Rate, and an Infant and Child Mortality very favourable at ages over one month, but deplorably high at the beginning of life.

There has been a continuance of Scarlet Fever generally so mild in type as to show practically no mortality, but an increase lately in Diphtheria.

As regards Housing, the problem still exists, and further building by the Council is inevitable, the 693 dwellings erected in the five years (234 by the Authority) being little more than sufficient to meet increase of population, and entirely inadequate to overcome the shortage.

By attention to environmental conditions, an internal water supply has been substituted for a supply from standpipes and pumps at about 200 houses, and over 600 privies have been abolished and replaced by Water Closets.

The Maternity and Child Welfare Service has been extended, and antenatal work commenced. Schemes set up for treatment of Nose and Throat Defects and Vision have immensely improved the health and comfort of many children. As regards the future, in addition to Housing, money will be required for improvements to Sewers and Sewage Disposal Works. Provision should also be made in the shape of Maternity Beds, and treatment of defects in children under school age. All well informed citizens realise that such things as these should, and must be done. The progress of preventive medicine depends chiefly, however, on more enlightenment of the mass of the people. The knowledge of hygiene, the way that disease can be avoided, and a healthy, long life best secured, far outstrips its practice.

The Public Health Act, 1925, removes all doubt as to the legal power of a Local Authority to expend funds on publications, lectures, and pictures relating to questions of health. Of course, Health Visitors are continuously engaged in Health Teaching, and the Ministry of Health is anxious that facilities should be provided for those engaged to attend "Refresher" courses, so that their enthusiasm may be maintained, and their knowledge, practical and theoretical, extended.

Office Accommodation.

Owing to the cramped and inconvenient office accommodation, the work of the Public Health Department is carried on with great difficulty. For proper administration, better premises are urgently required.

NATURAL AND SOCIAL CONDITIONS.

The Cannock Urban District is about the centre of what was the great hunting forest of Cannock Chase, which extended nearly from Stafford to Wolverhampton. Its situation is open, and the air bracing.

It owes its present importance entirely to the Coal Industry. For centuries past, coal and ironstone, easily accessible from the surface, have been worked at and near Cannock, but it is only since about 1865 that deep shafts have been sunk to the lower and more valuable seams, and large colliery undertakings established.

Geology.

The district has two special features. One portion is conspicuous by its elevated and rounded hills of gravel and conglomerates, on which nothing but heather and bracken will grow. These gravels and conglomerates belong to the Bunter beds of the Triassic system. The other portion, forming the lowlands and valleys, rests on the clays and shales of the coal measures;

in some places, however, the coal measures are covered with drift sand and gravel, a recent formation varying from two to 12 feet in thickness.

Elevation.

The north-east and north-west portions of the District form part of the highlands of the Chase, lying at an elevation of 600 to 800 feet, the greatest altitude being occupied by the old British earth works of Castle Ring, 801 feet above sea level. To the south of the district, the land falls to about 375 feet above sea level.

Drainage.

The natural drainage forms part of the watershed of the Trent, one stream going towards Rugeley, others joining the Redmoor Brook and the Wyrley Brook.

Occupations.

The Census of 1921 showed the number of persons engaged in:—

				Males.		Females.
Mining	...	...	...	7104	...	6
Metal Workers	...	...	...	803	...	27
Builders or Bricklayers	...	...	...	338	...	3
Workers in wood and furniture	...	...	...	181	...	2
Workers in bricks, pottery, and glass	...	...	...	113	...	57
Makers, textile goods and articles of dress				84	...	186
Electricians, etc.	...	...	...	98	...	2
Makers of foods and drink	...	...	...	87	...	33
Agriculture	...	...	...	203	...	14

There were 6,707 coal workers, apart from managers, etc., and 905 of these worked above ground.

Wards.	Population. 1921.	Separate Dwellings.	Rooms per Person.
Bridgtown	3,035	592	0.96
Cannock	7,989	1,520	1.06
Chadsmoor	6,641	1,170	0.80
Heath Hayes	4,508	819	0.80
Hednesford	5,768	1,091	0.93
Littleworth	4,381	827	0.99

Proportion of Population living more than two to a room, 11.7 per cent.

1925.

	Birth Rate per 1000 Total Population.	Annual Death Rate per 1,000 Civilian Population.						Rate per 1,000 Births			
		All causes	Enteric Fever	Small-pox	Influenza	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Diarrhea and Enteritis (under 2 yrs.)	Total Deaths under one year
England and Wales	18.3	12.3	0.01	0.00	0.32	0.13	0.63	0.15	0.07	0.47	8.4
105 County Boroughs and Great Towns (including London)	18.3	12.2	0.01	0.00	0.30	0.17	0.03	0.18	0.09	0.43	10.8
157 Smaller Towns (Census Populations— 20,000 to 50,000)	18.3	11.2	0.01	0.00	0.31	0.15	0.02	0.14	0.06	0.38	7.6
London	...	18.0	11.7	0.01	0.00	0.23	0.08	0.02	0.19	0.11	0.46
Cannock	...	23.2	19.2	0.00	0.00	0.39	0.16	0.02	0.11	0.25	4.8
										84.8	

Vital Statistics, 1925.

	Total.		M.		F.
Births—Legitimate	... 790	...	411	...	379
„ Illegitimate	... 35	...	12	...	23
Birth Rate per 1,000	... 23.2.				
Deaths	... 363	...	191	...	172
Crude Death Rate per 1,000	... 10.2				
Standardised Death Rate per 1,000	... 10.02.				
Death Rate from Pulmonary Tuberculosis			...	0.70	
„ „ Other forms of	„	...	...	0.17	
„ „ Cancer	...	...	...	0.62	
„ „ Influenza	...	...	...	0.39	

Number of Women dying in, or in consequence of childbirth:

- (a) From Sepsis 1
- (b) From other Causes 2

Maternal Mortality per 1,000 Births ... 3.6.

Deaths of Infants under 1 year and Rate per 1,000 births:

Legitimate	... ...	66	...	83.5
Illegitimate	... ...	4	...	114
		—		—
Total	... 70		84.8	

Deaths from Measles (all ages) 6

Deaths from Whooping Cough (all ages) 4

Deaths from Diarrhoea under 2 years 4

Causes of Sickneses.

RESPIRATORY DISEASE.

During the last 5 Years the Deaths have been:—

Pneumonia	... ...	...	178
Influenza	... ...	...	64
Bronchitis	... ...	...	124
Other Disease	... ...	...	27

This amounts to one-fifth of all deaths, and Bronchitis and "Colds" are responsible for a like proportion of sickness invalidity under State Insurance.

"The more people pollute the atmosphere with smoke and consequent fogs, cut themselves off from sunlight, shut themselves up to avoid cold, . . . the more will they suffer and die from catarrhal complaints."—Leonard Hill, M.B., F.R.S.

CANCER.

	Deaths.	Rate per 1,000.
1921	38	1.15
1922	27	0.80
1923	30	0.88
1924	31	0.89
1925	22	0.62

Health Visitors distribute leaflets of information.

GENERAL PROVISION OF HEALTH SERVICES.

HOSPITALS.

For Smallpox, the Hospital of the South Staffordshire Joint Board is available, Cannock being a constituent Authority of the Board. The Hospital is situated at Moxley, in the Bilston Urban District, and has 40 Beds, with facilities for extension.

For Fever, no Hospital is maintained by the Council, but under arrangement with the Rural District Council cases are isolated in their Hospital at Cheslyn Hay. Cases are also sent to the Isolation Ward at Wolverhampton General Hospital, the Council paying the charges.

Institutions for Tuberculosis are detailed in the Tuberculosis section of the Report.

For Maternity and Children there is no Hospital.

There is a Miners' Accident Home at Hedgesford, in the Urban District, with 16 Beds, maintained by voluntary effort.

The Poor Law Infirmary is within the Urban District.

General Hospitals available for the District are at Wolverhampton, Walsall, Stafford, and Birmingham.

For unmarried mothers, illegitimate infants, and homeless children, the Poor Law Infirmary and the Guardians' Cottage Homes are within the area.

AMBULANCE FACILITIES.

For infectious cases: Horse Ambulance is maintained by the Council, and a Motor Ambulance of the Rural District Council is hired as required.

For non-infectious cases and accidents: Motor Ambulance maintained by the Guardians.

There are several Colliery Ambulances.

Clinics and Treatment Centres..

Antenatal Clinic: Primitive Methodist Institute, Chads-moor.

Welfare Centres (4): Primitive Methodist Institute.

Chadsmoor; Wesleyan Sunday Schools, Cannock; Victoria Street, Hednesford; and St. John's Institute, Heath Hayes.

School Clinics (4): Three are held in the same buildings as the Welfare Centres at Hednesford, Chadsmoor, and Heath Hayes. The fourth is at Church Street, Cannock, in a Cottage owned by the Council. They are all for Minor Ailments.

At Cannock and Hednesford Clinics, baths are provided for treatment of Scabies, etc.

An Ophthalmic Refraction Room is provided at Cannock Clinic.

Nose and Throat Operations are performed at a Nurse's House, Victoria Street, Cannock...

Tuberculosis Sub-Dispensary: Wolverhampton Road, Cannock.

Treatment Centre for Venereal Diseases: The Huts, General Hospital, Wolverhampton.

Public Health Staff.

Medical Officer of Health, W. M. Clendinnen, M.B., D.P.H.

*Senior Sanitary Inspector, Geo. H. Smith, C.R.S.I.,
Meat. Certif.

Additional Sanitary Inspector, D. P. Nash, C.R.S.I.,
Meat. Certif.

*Resigned, November, 1925.

Health Visitors—

Miss E. Wright, Trained Nurse, C.M.B.

Miss E. H. Jones, Trained Nurse, C.M.B.

*Miss S. Ford, Trained Nurse, C.M.B.

Miss D. Watwood, Trained Nurse C.M.B.

Miss N. Ashton, Trained Nurse, C.M.B.

* Also Health Visitors' Certif. R.S.I.

The above are whole-time Officers, to whose salary contribution is made, but the Medical Officer of Health is also School Medical Officer, and the Health Visitors are also School Nurses.

Assistant Medical Officer, part-time, for Maternity and Child Welfare, Ann M. Smith, M.B., D.P.H.

Clerk for Maternity and Child Welfare (contribution to salary is made), Miss C. Rock, who also gives half time to School Medical Service.

Professional Nursing in the Home.

There are three Nursing Associations in the district, each employing one District Nurse. Each Association receives an

annual grant of £25 from the Council, in consideration of which the nursing of Measles, Ophthalmia, Whooping Cough, Poliomyelitis, Epidemic Diarrhoea, and Puerperal Fever is undertaken. A portion of the district remains to be covered for District Nursing.

Midwives.

There are 15 practising in the area. All but three are certified. One resides and practises outside the district.

There is an increase of 6 Trained Women since 1919.

No Midwife is subsidised or employed by the Council.

Adoptive Acts and Bye-Laws in Force.

Public Health Act, Amendment Act, 1890, Part 3	...	1903
Infectious Disease Prevention Act, 1890	...	1914
Public Health Act, Amendment Act, 1907	...	1922
*Bye-Laws, New Streets and Buildings	...	1926
* ,, Drainage of Existing Buildings	...	1926
,, Nuisances	...	1915
,, Cleansing of Footways and Pavements	...	1915
,, Tents, Vans, and Sheds	...	1915
,, Management of Mortuary	...	1915
,, Common Lodging Houses	...	1915
,, Slaughter Houses	...	1878
Regulations, Dairies, Cowsheds, and Milkshops	...	1914

* Came into force during compilation of Report.

The Public Health Act, 1925, came into operation on 8th September, Part VII., which is now in force, gives power for removal to Hospital of certain cases of Tuberculosis, which are without proper accommodation.

Contributions to Hospitals by Local Authorities are authorised.

Part VIII., containing miscellaneous provisions, some of which have to do with Public Health, is also in force; as is Part IX., dealing with Baths and Wash-houses.

Parts II. to V., both inclusive, should have the early consideration of the Council, as they do not come into force until adopted.

The Council intend to frame new Bye-Laws for Slaughter Houses, and to consider the inclusion of Fish Frying as an offensive trade.

SANITARY CIRCUMSTANCES.

WATER.

The South Staffordshire Waterworks Company's mains are available for the District, and during the past year were extended

to Pye Green, a hamlet on the north-western extremity of the area. Owing to its altitude (748 feet above sea level), special arrangements were necessary. The Council have for many years been desirous of carrying out this improvement. In the drought year of 1911, many of the 40 houses experienced a water famine, owing to failure of the wells, and the same state of affairs recurred in 1921, when the Council delivered water by cart.

Owing to the introduction of Electricity into the District, power necessary to raise the water was available, and connection of the houses to the mains was proceeding at the end of the year.

Many cases have been dealt with during the past five years where supply has been from standpipes. These have been replaced by "taps" over sinks. The figures are as follows:— In 1921, nil.; 1922, 5; 1923, 78; 1924, 44; 1925, 70 "taps" were placed over sinks.

In 1922, a Ministry of Health enquiry took place, following appeal by an Owner against the demand of the Council to provide an internal water supply in place of a supply from a street pump and the decision was in favour of the Council. The work of getting water laid on sinks is proceeding, and the number of cases remaining to be dealt with is not large.

Drainage and Sewerage.

The Surveyor (Mr. R. Blanchard) has kindly furnished the following statement:—

"The Sewerage of the District is laid out on the partially separate system, the private properties of the District being drained by foul water drains only, so that half the roof water is discharged into foul water drains at the back of the properties, as is also the whole of the storm water falling on the paved portions of the yards. The storm water falling on the front parts of the houses, where possible, is carried through pipes to the channels in the streets, and finds its way into the storm water sewers. Owing, however, to the new houses in the residential streets now being well set back it is becoming less frequent to do this, and the whole of the roof water in such cases is connected with the foul water drains. Parts only of the built up area of the District are served with a satisfactory storm water system.

The whole of the foul water sewage is at present eonveyed to one outfall, viz... the Sewage Farm at Cannock, the greater part by gravitation, and a smaller portion, viz., Bridgtown, having a population of three thousand, and part of the Cannock sewage being lifted by ejectors placed on the Sewage Farm.

The district of Cannock Wood (part of the Urban District), which is of a purely rural nature, and one or two small outlying parts, are not drained. The approximate number of houses in the District not served by a drainage system is 255.

The sewers are ventilated chiefly on the surface by open manhole covers, with ventilating shafts at certain points. On investigating the complaints of bad smells, some of the surface ventilators have been closed by fixing closed manhole covers.

Latterly there has been a tendency to forego the trap between private drains and the sewers.

Owing to this being a mining district, considerable subsidence is constantly taking place, and the sewers in these places have to be regularly flushed in order to keep them in working condition, and when they become unworkable the sewers have to be relaid.

During the past five years, 426 lin. yards of 9in. and 232 lin. yards of 6in. foul water sewer have been laid in the District as extensions, and 217 lin. yards of foul water sewers have been taken up and relaid. New storm water sewers and relaying of old have been carried out during this period for a length of 800 lin. yards of various sized pipes, from 6in. to 12in.

The Sewage Farm is 60 acres in extent, and the sewage on arrival at the Sewage Farm is gauged. The average dry weather flow for 1925 was 653,106 gallons. The character of the sewage is almost entirely of a domestic nature.

The sewage is screened by a simple screen, with bars $\frac{3}{4}$ in. apart, prior to being gauged. Three times the dry weather flow is conducted through the detritus tanks, then passes through sedimentation tanks, prior to being treated on fine gauge filter beds, and is distributed over these by travelling distributors of the Fiddian water wheel type, and then conducted straight to the water course.

The filtering material is generally of slag from 2in. to $2\frac{1}{4}$ in. gauge at the bottom to $\frac{1}{4}$ in. at the top, and is four feet deep.

A further three times dry weather flow is treated as storm water which flows over the weir, and then passes through storm water detritus tanks, and is finally passed over land which was formerly used for downward filtration, and thence finds its way to the water course at the foot of the farm.

No extensions have been made at the Sewage Disposal Works during this period.

A new building estate having been commenced at Cannock Wood, a separate Sewerage and Sewage Disposal Scheme, which has been approved by the Ministry of Health is now in course of construction."

It is evident that the Sewage Works are employed to their full capacity and that the growth of the district will necessitate extension soon.

Now that the public water supply is available at Pye Green, sewerage of this hamlet should be arranged for.

Closet Accommodation.

This was as follows:—

	End of 1920.		End of 1925.
Privies	3818	...	3194
Privy Ashpits	2011	...	1581
Dry Ashpits	942	...	961
Waste Water Closets	620	...	613
Water Closets	2390	...	3899
Privy Pans	118	...	129
Dustbins	1108	...	2345

The Council's policy is to secure conversion of privies into fresh water closets by their powers under Section 36, Public Health Act, 1875, and not by a scheme under the Public Health Amendment Act, 1907. The vast majority of privies, on examination, are found to be manifestly "insufficient," and Section 36 properly applies to them. It is work of paramount importance, entailing much labour, clerical and inspectorial, on the part of the Sanitary Inspectors. During the last five years, the rate of progress was quite inadequate in 1921, 1922, and 1923, when the number of privies abolished was 29, 73, and 64 respectively in each year. During 1924 an improvement occurred, so that 133 privies were got rid of. In this year, on default of an owner to comply with a notice to convert, the Council determined to do the work, and on the owner resisting entry a Magistrate's Order was obtained, with £5 costs against the owner. Following this the necessary water closets were provided by the owner.

During the last year, a decided advance was made, and 318 privies were abolished, and many owners have shown willingness to substitute water closets for these structures, so that during the five years 724 water closets have replaced 617 privies. If progress could be maintained at last year's rate, the remaining privies would require ten years for their abolition, an interval which it should be possible to reduce.

Dustbins were substituted for fixed receptacles during the last five years at 532 houses.

Scavenging.

The fouling of yards and streets involved in the method in vogue for the removal of ashpit and privy midden contents induced the Council to introduce the system of conveying this refuse by filling into, and carrying it in wooden tubs or "hods," from which it would be emptied direct into the carts. I fear that practically only slight success has attended this attempt, the scavengers not viewing it with favour, and the cost working out heavier than when using barrows. This is, of course, a potent reason for pressing forward the work of conversion. Since 1920 when all refuse was removed by horse haulage, motors have been

introduced, and in the year ending March 31st, 1925, the proportion carried by motor haulage was 48.8 per cent., the remainder being done by horse traction.

I have drawn the attention of the Council to the necessity of providing covers for the carts and motors.

The refuse is wholly dealt with by dumping, which, ever in this wide area, becomes increasingly difficult to arrange for, and good care of the "tips" so as to avoid nuisance is required, so that the introduction of salvage and pulverisation methods has been considered by the Council, it being recognised that an improved system of disposal is eminently desirable and almost inevitable.

Work of Sanitary Inspectors.

Special complaints received and premises inspected	...	325
Visits to premises in respect of nuisances and other matters	...	1556
Visits to premises during work in progress	...	2620
Interviews with tradesmen and owners	...	519
Preliminary notices served	...	221
Statutory Notices served, Sec. 91, P.H.A, 1875	...	110
Statutory Notices served, Sec. 36, P.H.A., 1875	...	227

Principal structural improvements effected:—

SANITARY ACCOMMODATION.

377 Water Closets substituted for 218 Privies.	
5 Water Closets substituted for 5 Waste Water Closets.	
1 Water Closet substituted for 1 Pan Closet.	
6 Water Closets additional.	
312 Dustbins substituted for 168 Privy Ashpits.	
21 Dustbins substituted for 12 Dry Ashpits.	
14 Ashpits rendered dry.	
182 Privy Ashpits abolished.	
12 Dry Ashpits abolished.	
325 Privies abolished.	
56 New Dustbins substituted for defective ones.	
7 New Dry Ashpits.	
7 Pan Closets substituted for 7 Privies.	
22 New Water Closet Basins provided.	
13 New Water Closet Cisterns fixed.	
3 Water Closet Basins cleansed by tenants.	
17 Water Closets put in order.	

73 Choked Water Closets cleansed.
 9 Water Closets supplied with Flushing Tanks.
 141 Drains properly trapped and catchpits abolished.
 124 Drains ventilated.
 3933 Yards New Stoneware Drains laid at 150 Houses.
 30 Houses re-drained.
 10 Houses drained.
 4 Houses connected to sewer.
 185 New Inspection Chambers.
 Repairs and improvements to Dwelling Houses, apart from
 Drainage, Water Closets, etc. :—
 Repairs were effected to 1025 Houses.

INTERIOR.

1176 Improvements, comprising repairs and renewals to wall-plaster, ceilings, floors, windows, doors, firegrates, door and window fittings, pantries, etc.

EXTERIOR.

421 Improvements, including repairs to roofs, spouting, walls, chimneys, yard paving, etc.

SCULLERIES.

187 Improvements, comprising 27 new sanitary sinks, 18 sinks refixed, 42 new coppers, 40 coppers put in order, and repairs to roofs, walls, floors etc.

Meat and Food Inspection.

1920. Jan., 1925. Dec., 1925.

Registered Slaughter-houses	...	12	...	23	...	22
Licensed Slaughter-houses	...	19	...	9	...	8
Visits to Slaughter-houses	...	...	...	...	...	1431
Visits to Butchers' Shops, etc.	...	...	...	...	...	1765

Unsound Food.

BOVINES. TUBERCULOSIS. Weight.

4 Careases and all organs	..	..	..	1858	lbs.
1 Forequarter	...	...	...	190	,,
2 Hindquarters	...	...	...	400	,,
22 Pieces of beef	...	...	...	797	,,
11 Heads	...	...	...	285	,,

29 Sets of lungs
11 Hearts
23 Livers
41 other organs

PIGS.

1 Carcase and all organs	...	...	...	100	..
17 Heads	..	...	...	204	..
3 Pieces of pork	...	...	...	138	..
16 Sets fry	..	...	...	96	..

Other Diseases, Unsound, Etc.

BOVINES.

1 Carcase and all organs	..	...	...	480	..
1 Hindquarter	...	...	...	136	..
1 Head	..	...	...	22	..
1 Piece of beef	...	...	...	14	..
2 Sets of lungs					
1 Heart					
15 Livers					
3 Other organs					

PIGS.

3 Pieces of pork	...	...	...	41	..
9 Sets of fry	..	...	...	54	..

SHEEP and LAMBS.

1 Carcase and all organs	...	...	...	45	..
2 Pieces of mutton	...	...	...	7	..
7 Organs					

CALVES.

2 Pieces of veal	50	..
------------------	-----	-----	-----	----	----

RABBITS.

37 Foreign	...	...	...	81	..
Imported Pigs' kidneys	...	...	...	65	..
1 Seive Cherries (unfit)	...	...	..	12	..

Bakehouses.

Workshop Bakehouses on Register 8. Visits 40.

Factory Bakehouses on Register 11. Visits 28.

Defects found and dealt with:—

Foul water closet basin	...	...	...	1
Defective flush to W.C.	...	...	...	1
Dirty walls and floors	...	...	...	2
No Abstract of Act fixed	..	...	...	1
Accumulations of manure	..	...	...	2

Dairies, Cowsheds, and Milkshops.

	1920.	1925.
Number of Cowkeepers on Register ...	39	... 42
Approximate number of Cows ...	206	... 248
Wholesale Producers on Register ...	...	... 8
Retail Purveyors ...	...	... 83*

* 37 are also producers and 26 are outside the District.

Apart from systematic cleansing, minor repairs and improvements have been carried out.

Fish Friers.

Fifty-seven visits have been made to these premises, and the necessity of absolute cleanliness of persons and utensils insisted upon. Many improvements have been made.

Infectious Disease and Disinfection.

Investigations into notified cases,	128.	Re-visits	134.
Removals to Hospital ...	...	...	31
Rooms disinfected ...	...	...	194
Lots of Bedding steam disinfected ...	...	...	57

Common Lodging Houses.

There are two. Visits paid, 43.

Workshops.

Number (excluding Bakehouses), 44. Visits paid, 58
Improvements:—

- 1 New water closet pan.
- 1 Water Closet substituted for Pan Closet.
- 1 Water Closet flushing apparatus repaired.
- 1 Roof and Ceiling repaired.

Outworker.

There is only one. Three visits were made.

Knackeryard.

There is one in an open situation, and a good distance from dwelling houses. 38 visits were made.

Canal Boats.

77 Visits were made to the various Wharfs, and 24 Boats inspected. 18 Boats were locked up at the time of inspection.

Generally speaking, the condition of the boats and occupants, as regards cleanliness and compliance with the Bye-Laws governing same, has been satisfactory.

In addition to personal warnings for minor matters, notices were served in three cases.

Details of Contraventions.

Contravention.	Result.
Paint requires renewing	Boat out of commission.
Defective and leaky cabin roof.	
Previous owner's name on boat ...	Boat out of commission.
No water can, previous owner's certificate.	
No Registration Number on side of boat, no Certificate	Registration was applied for but refused, boat too small.

Shop Hours Act.

Visits have been made to various premises to see that the requirements of the above Act are carried out.

The Market Place and main Shopping Centres are inspected on various evenings to secure compliance with the Shops Early Closing Act. Many persons have been warned. Of seven cases reported, action was taken in one case.

Many nuisances have been dealt with, arising from unsatisfactory stables, pigstyes, and consequent accumulations of manure in back yards.

Schools.

There are 18 Schools, 10 Provided, 8 Non-Provided, comprising 26 Departments, and accommodating 6,528 elementary school children.

The Water Supply at all of them is from the public mains, and the Closets are on the water carriage system at all except one. This is Rawnsley School, and sewers having now been made available Water Closets will be installed.

The Sanitary Inspectors make frequent visits to the sanitary conveniences at all Schools, and notices of Defects are handed to the Secretary to the Education Committee.

Particulars have been taken from time to time regarding the hygienic condition of the School Buildings. Last year 12 Departments were inspected, full records made, and details of improvements required furnished to the Education Committee.

Various improvements have been made during recent years as to lighting, warming, and seating accommodation.

A dust-laying preparation has been in use in six Departments for a few years, and when properly used is extremely efficacious. This or some similar preparation should be used in sweeping all wooden floors, and wetting of these floors should be done away with.

It is very desirable that oil paint should be used for School Walls. Proper cleansing of distempered walls is not practicable. The importance of maintaining the best hygienic conditions is so important as to justify additional expense.

Windows should be cleansed more frequently than in the past, and generally speaking much more attention should be given to every-day cleaning.

There are still some Classrooms where light could be improved.

The desirability of replacing trough Closets by separate flushing pedestals, and providing a supply of sanitary paper is, of course, obvious.

The Board of Education have demanded improvements in the case of Non-Provided School Buildings. Some require complete replacement by new structures. New Schools should be provided with facilities for open-air education, and in all Schools open air lines should be followed as far as possible.

Consumptives and pre-tubercular children have the best chance of recovery when placed under these conditions. Why wait till they are diseased before providing healthy open-air facilities for them?

Smoke Abatement.

Several signs of an increased interest in this subject have appeared in the last two or three years. Those enthusiasts for clean air, who were long voices crying in the wilderness, are now getting much public support; the Government have promised further legislation, and now the Coal Commission Report gives powerful aid.

Much more accurate knowledge on the vivifying influence of sunlight has been scientifically worked out in recent years, and the deleterious effects of a smoky atmosphere in excluding it, and in producing respiratory disease, are better realised.

Representations have been made by the Council in one or two instances of nuisances from smoke, but no systematic work such as required, has as yet been undertaken. I fear the present staff are quite unable to find time for detailed observations, but a consultation between the Council and Colliery Managers and others concerned should result in concerted efforts to reduce the smoke evil so far as colliery and other stacks are concerned. There is certainly great scope for improvement. Railway engines are also sources of nuisance on occasions.

Factories, Workshops and Workplaces.

1.—Inspection of Factories, Workshops and Workplaces, including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

			Number of Inspections.	Written Notices
Factories (including Factory Laundries)	...	28	...	—
Workshops (including Workshop Laundries)		98	...	1
Workplaces (other than Outworkers' Premises)	—	—	...	—
			—	—
Total	...	126		1

2.—Defects found in Factories, Workshops, and Workplaces.

Particulars.			Number of Defects —	
			Found.	Remedied.
Nuisances under the Public Health Acts:—				
Want of cleanliness	...	...	1	...
Want of ventilation	...	...	—	...
Overcrowding	..	...	—	...
Want of drainage of floors	...	...	—	...
Other nuisances	...	...	6	...
Sanitary accommodation—				
Insufficient	..	...	1	...
Unsuitable or defective	...	...	2	...
Not separate for sexes	...	...	—	...
			—	—
Total	...	10		10

There is one Outworker.

HOUSING.

I. and II., General Conditions and Overcrowding.

There are 6,712 Houses, of which about 6,000 are working class.

At Census of 1921, there were 6,019, as follows:—

Separate dwellings occupied by 2 families	...	...	660
Separate dwellings occupied by 3 or more families	...	14	
Separate dwellings occupied by 1 family	...	...	5345
Persons living more than 2 to a room	...	...	3715
Proportion to total private family population, per cent.	11.7		

The 6,019 Dwellings contained rooms as follows:—

	1—3 rooms	4—5 rooms	6—8 rooms	9 or more rooms	Total
Number of Houses ...	391	4067	1490	68	6019
Per cent. ...	7	67	25	1	100
Private Families in	405	4546	1672	87	6710

Houses erected since Census.

	Housing Additional Powers Act, 1919.	Housing Assisted Scheme, 1919	By Private Enterprise no subsidy.	Under Relax- ation of Build- ing Byelaws.	By Council.	Total.	
1921	...	25	—	2	3	70	100
1922	...	10	—	3	21	32	66
1923	...	—	8	24	7	34	73
1924	...	—	181	17	—	—	198
1925	...	—	149	9	—	98	256
	—	—	—	—	—	—	—
		35	338	55	31	234	693

Total number of Houses (estimated) end of 1925 ... 6712

Total number of Families (estimated) end of 1925 ... 7496

Excess of Families over Houses (estimated) end of 1925 784

In 53 Houses, out of 232 investigated in the last two years owing to infectious disease, two families resided, or 22 per cent. In 138 Houses investigated in 1925, there were 16 overcrowded to the extent of more than two persons per room, that is 11.5 per cent. In this calculation all rooms are counted, and not bedrooms only.

There is consequently no diminution of overcrowding, and at least 700 houses are still wanted, in addition to provision of 130 a year to meet the increase of population, that is 260 houses yearly for the next five years would be required.

I may remind the Council that in 1919 it was considered that 800 should be built as soon as possible. There are 744 persons residing in the district who are applicants for houses, in addition to 104 outside the district. There were 318 applications put in, in 1925, of which 53 were from persons outside.

On the site purchased by the Council at Chads Moor, building has been commenced, and it is hoped to erect 240 houses there.

In addition, negotiations are proceeding to acquire a site at Pye Green.

Activity in building by private enterprise does not now seem to be as great as in the last two years.

III.—Fitness of Houses

As stated, 67 per cent. are of 4 and 5 rooms, in about equal proportion. In the majority of 5-roomed Houses, the third Bedroom is a small one, without fireplace, built over the scullery. There are very few back-to-back Houses, practically all having through ventilation, and air space around is, generally speaking, good.

Defects met with in the older Houses are dampness, due to the absence of efficient damp-proof course, defective spouting, roofs and walls; internal dilapidations of general character, absence of proper food store, and yard paving.

Many properties require improved sanitary accommodation and better drainage.

A good deal of damage results from mining subsidence, and adjustment of matters between the owners and the Colliery causes delay in remedying defects.

It is difficult to carry out extensive repairs in houses crammed with occupants.

Endeavour has been made to induce large owners of property to carry out repairs steadily, attending to so many houses each year, and they realise that this is to their own advantage.

Leaflets are issued to tenants pointing out their duties in the care of their houses and surroundings.

There is need for steady continuous inspection under the Public Health Act, and Housing Inspection of District Regulations. During the last four years, only 355 Houses have been recorded under these regulations, because the time of the Sanitary Inspectors has been filled by attention to urgent matters, e.g.,, defects coming under the Public Health Act as nuisances, closet conversion work, and other general duties.

Much more work is required before it can be said that a satisfactory volume of House Inspection is being done.

	Houses Inspected and recorded under 1910 Regulations.	Houses Repaired without Formal Notice.	Formal Notices—			Houses Made Fit.				
			Housing Acts.	Public Health Acts.						
1922	...	23	...	106	...	20	...	137	...	76
1923	...	49	...	201	...	44	...	50	...	50
1924	...	216	...	396	...	38	...	294	...	116
1925	...	67	...	428	...	6	...	189	...	133

Many Houses, in addition to those recorded as having been made fit, have been improved, but some point remains on which the notice is unsatisfied.

Both Sanitary Inspectors having left on obtaining new appointments, work has been difficult and is much in arrear.

With the exception of a half-time Clerk, allotted to Maternity and Child Welfare, there is no clerical assistance for the Public Health Department. A reliable Clerk should be provided to undertake the other branches of the work, including that of the Sanitary Inspectors.

Housing Statistics for the Year 1925.

Number of New Houses erected during the year	...	256
(a) Private Enterprise	...	158
(b) As part of the Municipal Housing Scheme	...	98

1.—Unfit Dwelling Houses.

Inspection: (1) Total number of Dwelling Houses inspected for housing defects (under Public Health or Housing Act)	1065
--	-----	-----	-----	------

(2) Number of Dwelling Houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	67
(3) Number of Dwelling Houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	2
(4) Number of Dwelling Houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	615
2.—Remedy of Defects without service of Formal Notices.	
Number of defective Dwelling Houses rendered fit in consequence of informal action by the Local Authority or their Officers	428
3.—Action under Statutory Powers.	
A. Proceedings under Sec. 3, Housing Act, 1925:	
(1) Number of Dwelling Houses in respect of which notices were served requiring repairs	6
(2) Number of Dwelling Houses which were rendered fit:—	
(a) By owners (estimates asked for)	0
(b) By Local Authority in default of owners ...	0
(3) Number of Dwelling Houses in respect of which Closing Orders became operative in pursuance of declaration by owners of intention to close ...	0
B. Proceedings under the Public Health Acts:—	
(1) Number of Dwelling Houses in respect of which notices were served requiring defects to be remedied	189
(2) Number of Dwelling Houses in which defects were remedied:—	
(a) By owners	133
(b) By Local Authority in default of owners ...	0
(1) Number of representations made with a view to the making of Closing Orders	2
(2) Number of Dwelling Houses in respect of which Closing Orders were made	1
(3) Number of Dwelling Houses in respect of which Closing Orders were determined, the houses having been rendered fit	0
(4) Number of Dwelling Houses in respect of which demolition orders were made	0
(5) Number of Dwelling Houses demolished in pursuance of demolition orders	0

INSPECTION AND SUPERVISION OF FOOD. MILK.

By far the larger proportion of liquid Milk used in the district is brought from outside, about 20 per cent. being produced in the District.

The trade is in many hands. Cowkeepers are in business on only a small scale, working it as a side line to general farming, consequently the equipment and methods of large dairies are not to be met with. To produce good results, animals of suitable breed, fed and managed scientifically, are necessary, and haphazard methods have to be avoided. The chief points in addition to the class of cow and its feeding, etc., required to be attended to, are, avoidance of external contamination, reduction of temperature, and quick delivery, as these three matters practically cover the whole question. With regard to the first point, the grooming of cows, cleanliness of sheds, milking stools and utensils, and also the milkers' hands, in the majority of cases leave much to be desired.

An improved form of Milking Pail was loaned to cowkeepers during the last two years with a view to encouraging the production of clean milk, and a few traders are now using similar pails.

Retail traders, other than cowkeepers, with their place of business within the district, number 20. Most of them deal in a small quantity only, about half a dozen retailing 10 gallons and upwards daily. In several cases, where no proper provision existed for the storage of milk, new separate dairies have been erected. The educative effect of the 1922 Act has as yet been little felt, and no application has been made respecting Graded Milk. There seems little demand on the part of the public, or enterprise on the part of the dealers, and there is really no radical change compared with what has prevailed in the past. The amount of fresh milk consumed should be much increased. Since the 1922 Act came into force one cowkeeper was refused registration. Owing to the number of traders, efficient inspection and supervision is very difficult. The traders are well aware of the duty of the Council to promote clean milk, and have been supplied with rules for their guidance printed on cards. I have twice suggested that samples from retailers should be submitted to bacteriological tests but this has not been done.

This is especially important in view of the great danger from milk derived from a Tuberous Udder. In my opinion, this is of far more importance than tubercular meat, to which so much more attention is given.

MEAT.

An increase in the quantity inspected, due to the Meat Regulations, is accompanied by an increase in the quantity found unsound. During the last two years, three seizures were made,

and prosecution, which was successful, followed in one case. Traders have been called upon to make structural alterations, where required, to comply with the 1924 Regulations, and these have now been completed, except in one or two cases in which there has been exceptional delay due to change of ownership, etc.

Improvements have been effected at the open Market Place. The butchers' stalls are covered and have sides and back. It is very desirable that means of protection from dust and handling, as has been provided in one case by fixing a glass screen 9in. high extending along the whole width in front, should be generally adopted.

At Meat Shops and Stores, the Regulations as regards prevention of contamination are very fairly observed.

Concentration of slaughtering does not seem in prospect, consequently an undue amount of time will continue to be taken up in Meat Inspection, until public slaughter-houses are provided. No meat marking is carried out.

BREAD.

The practice of wrapping bread is extending. Frequent visits to Bakehouses are required to see that accumulations of dust and dirt under troughs, and on ledges, etc., is avoided.

PREVALENCE OF. AND CONTROL OVER INFECTIOUS DISEASES.

The following is a list of the Notifiable Diseases:—

I. Infectious Diseases Notification Act.

Smallpox.	Typhus Fever.
Cholera.	Typhoid (Enteric) Fever.
Diphtheria.	Relapsing Fever.
Erysipelas.	Continued Fever.
Scarlet Fever.	Puerperal Fever.

II. Various Regulations.

Cerebro Spinal Fever.	Ophthalmia Neonatorum.
Acute Poliomyelitis.	Tuberculosis.
Acute Encephalitis Lethargica.	Malaria..
Acute Polio-encephalitis.	Dysentery.
Acute Primary Pneumonia.	Trench Fever.
Acute Influenza Pneumonia.	

III. General Order. Plague.

ENTERIC FEVER.

During the past five years, six cases were notified, four in 1921, all in one house, and one each in 1923 and 1925. All were removed to Hospital. One death occurred in 1921.

Cases of Infectious Disease notified during the Year 1925.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.										TOTAL					Total Deaths removed to Hospital Total Cases
	1- Under 1	2- 3-	3- 4-	4- 5-	5- 10-	10- 15-	15- 20-	20- 35-	35- 45-	45- over 29	...	...	...	...	...
Diphtheria	3	4	2	9	23	9	4	8	2	...	...	64	22	9	...
Erysipelas	1	1	2	1	5	5	...	17	...	...	...
Scarlet Fever	1	7	4	9	25	5	6	...	107	8	1	31	
Pneumonia	1	1	1	5	3	1	7	4	3	33	1	1	
Puerperal Fever	1	...	1	1	1	...	
Poliomyelitis	7	...	...	...	...	...	...	...	...	7	...	...
Ophthalmia	7	...	...	...	...	...	...	...	...	...	1	1	...	
Encephalitis Lethargica	1	...	...	...	...	...	1	1	...	
Enteric Fever	1	...	...	...	12	5	3	1	25	
Pulmonary—M.	1	1	2	4	8	4	1	...	21	
Tuberculosis—F...	1	1	1	...	5	1	2	1	...	...	11	...	
Other—M.	...	3	1	1	1	1	...	1	1	1	...	...	...	9	4
Tuberculosis—F...	3	3	
TOTALS	...	11	7	13	8	20	87	45	20	49	21	13	4	298	33	
															74	

MALARIA, DYSENTERY, and TRENCH FEVER.

During the last five years, one case of Malaria, contracted abroad, was notified, and one case of Dysentery in a child.

SCARLET FEVER.—INCIDENCE.

The following Table shows the position as regards notified cases, compared to the Country as a whole, and to the Non-County Boroughs and Urban Districts.

	Incidence per 1,000 Total Population.					
	Non-County Boroughs and Urban Districts.			England and Wales.		
	Cannock.	...	...	...	...	...
1921	1.5	...	3.25	...
1922	2.9	...	2.68	...
1923	1.77	...	2.12	...
1924	2.5	...	2.03	...
1925	3.0	...	—	...
1916-20 (5 years)	0.9	...	—	...	—	2.1

Consideration of these figures shows that in the period 1916-21 inclusive, the incidence of the disease was very much less in this district than in the country as a whole, as was also the case in 1923; in 1922, local incidence was practically the same as that for the country as a whole, but in the last two years it has been greater.

The actual number of cases for the last five years is:—

1921	...	...	50	1924	...	...	88
1922	...	...	98	1925	...	...	107
1923	...	...	60				

MORTALITY.

Per million total Population, this has been:—

Year.	England and Wales.	Cannock.
1916-20
1921
1922
1923
1924
1925

The first death from the disease since 1915, of a person belonging to this district, occurred in 1925. The patient was a weakly child, who was removed to Hospital in bad condition from a Van.

The 107 cases in 1925 were reported from 96 houses, there being 86 houses with single cases, nine houses with two, and one house with three cases.

INFECTIVITY.

Although an infectious malady, many children exposed to it do not acquire the disease. For instance, in the 86 houses just mentioned, there were 249 children under 15 years of age not

known to have had Scarlet Fever, and less than one out of three (77) contracted it. Figures extracted from the records made in previous years show a similar state of affairs. It is possible that persons presumed to be susceptible are not really so. Perhaps they have acquired immunity by previous exposure not resulting in definite illness. In order to show the incidence rate in houses of different sizes, I have worked out the following figures for all houses from which a case was notified in 1925, and where persons under 15 resided:—

	Cases notified under 15 years		Incidence rate per 1000 persons under 15
1 House of 1 room (van) ...	1	...	333
2 Houses of 2 rooms ...	1	...	250
8 Houses of 3 rooms ...	9	...	296
26 Houses of 4 rooms ...	27	...	333
50 Houses of 5 rooms ...	54	...	287
3 Houses of 6 rooms ...	3	...	333
3 Houses of 7 rooms ...	1	...	125
1 House of 8 rooms ...	1	...	333

According to number of persons per room, and also divided to show separate figures for houses from which cases were removed to Hospital as compared with houses from which no such removals took place, the records supply the following figures:

		Incidence rate per 1000 persons under 15	
		Hospital	Home
Less than 1 person per room ...	...	Nil.	600
One to two persons per room ...	...	312	387
More than two persons per room ...	...	200	184

For the Year 1924 the figures are:—

15 Houses with less than 1 person per room	Nil.	...	713
71 Houses with 1 to 2 persons per room ...	300	...	315
10 Houses with more than 2 persons per room	222	...	205

It will be seen that these figures do not show that crowding of persons increases the attack rate. In judging of the effect of hospital isolation, it has to be borne in mind that our experiments in that direction are few, only 22 cases having been removed in the last five years, out of 403 notified. It is also only right to point out that the policy having been to avoid removal, such a course is not taken as a rule, until due enquiry has been made as to the possibility of treatment at home.

METHODS OF PREVENTION.

It must be admitted that none of the means generally adopted hitherto has prevented the continuance of the disease, which continues to occur in numbers similar to those of former years.

It is generally admitted that hospital isolation is disappointing in this respect, and very good authorities are satisfied

that it has no influence in preventing spread. On occasions, a "return" case is found to arise. By this is meant a case occurring in the same household within a certain period, say, 28 days, after a case has been set free from isolation in hospital or at home. It is evident that some cases remain infectious for a long time, and give rise to difficulties of control. I have no record of a "return" case in 1925.

Secondary cases, that is those occurring while the primary one is still under treatment in the house or at hospital amounted to six during the year. One of these was in connection with a hospital case. In the case of five houses, from which two cases were reported simultaneously the second case in each house is not classified as a "secondary."

I am, therefore, satisfied that Hospital Isolation is only justifiable when no reasonable arrangement can be made in the home. As regards disinfection, some method is carried out in practically all districts, often in the form of Formalin Spraying or Fumigation, as is done in this district. One or two areas have recently, however, neglected disinfection with no apparent ill-effect.

Quarantine of contacts is impossible, but children are excluded from School, and special steps are taken in regard to persons engaged in connection with food, milk, or clothing trades.

A test has been devised by which susceptibility to the disease can be determined, and there is a fair prospect of a satisfactory immunising serum becoming available.

About 7,000 children exposed to infection have been inoculated against Scarlet Fever in Italy with Caronia's Vaccine, and only 2 per cent. have contracted the disease. During the past year several unnotified cases were discovered. The type of the Fever remains mild, with only one death in ten years, out of 513 notified cases. Patients and contacts are examined before re-admission to School.

It is seldom that serious after effects are discovered, but cases of ear disease, which require skilled specialist treatment, occasionally arise.

DIPHTHERIA.

There was a considerable rise in notifications in 1925, after a comparative immunity during the three preceding years.

INCIDENCE.

The following table shows the position of the District compared with (1) Non-County Boroughs and Urban Districts, and (2) England and Wales:—

Incidence per 1,000 Total Population.

Year	Cannoek	Non-County Boroughs and Urban Districts	England and Wales
1921	2.36	1.63	1.76
1922	0.53	1.2	1.37
1923	0.28	0.81	1.05
1924	0.54	0.81	1.07
1925	1.8	—	1.23
1916-20 (5 years)	1.3	—	1.5

The actual number of notified cases for the last five years is:

1921	78	1924	19
1922	18	1925	64
1923	13		

MORTALITY.

Per million total population, this has been:—

Year.	Cannoek.	England and Wales.
1921	240	126
1922	29	107
1923	—	71
1924	—	65
1925	257	70

The death of a Cannock resident, which occurred in a neighbouring district is included in the net deaths, but not in the notifications, as the disease was contracted in the area in which death occurred. Out of the notified cases, there were eight deaths; a case mortality of 12.5 per cent., which is excessive. The case mortality for the whole country, 1920-24, averaged 7.1 per cent.

There is no disease for which science has provided a more certain cure, and when Antitoxin is administered in sufficient dosage early, mortality is reduced to a minimum. That this may be done, medical attention must be secured at once. One of the fatal cases was not seen by a Doctor until the sixth day.

In the three months, March, April, and May, 42 cases occurred, this being two-thirds of the total for the year.

On April 8th, a circular letter was sent to Head Teachers asking them to tell the elder children, on dismissing them for the holidays, that anyone with a sore throat should see a Doctor at once.

Spread of the disease in houses took place, and in two houses with 25 occupants 12 persons were affected, and a third house had five cases.

Forty-two houses were concerned as follows:—

- One case each in 31 houses.
- Two cases each in 8 houses.
- Five cases each in 1 house.
- Six cases each in 2 houses.

The following particulars refer to infected houses in which persons under 15 years of age resided:—

No. of Houses.	Size of House.	Cases notified under 15.	Incidence Rate per 1,000 persons under 15.
3	3 rooms	3	181
18	4 „ „	20	374
15	5 „ „	22	392
2	6 „ „	2	666
1	7 „ „	1	500
1	8 „ „	1	166
1	9 „ „	1	500

The following table gives information similar to that shown for Scarlet Fever:—

	Incidence Rate per 1,000 persons under 15.	Hospital.	Home.
Less than 1 person per room	No cases	...	727
One to two persons per room	500	...	278
More than two persons per room	517	...	142

ISOLATION.

Twenty-two patients were removed to Hospital. Owing to pressure on the small Hospital at Cheslyn Hay, application had to be made elsewhere, and delay and difficulty arose. Wolverhampton General Hospital took five cases, but their ambulance is not available for this work, so a Motor Ambulance had to be obtained from another source, either the Wolverhampton Isolation Hospital or the Rural Council. Two cases were received by Wolverhampton Borough Isolation Hospital.

The remaining 15 cases were sent to Cheslyn Hay. One patient died in that Hospital. The remaining seven deaths occurred in the homes of the patients.

For the proper treatment and nursing of Diphtheria, isolation in Hospital is required in many cases.

BACTERIOLOGY.

In 36 cases, clinical diagnosis was supported by bacteriological tests. In 24 swabbing was not done at the onset. Convalescents and " contacts " were followed up, and swabbing done where considered advisable.

PREVENTION.

What is known as the Schick test, which was discovered in 1913, has now obtained wide prominence, and has been established as a reliable test by which susceptibility of persons to Diphtheria toxin can be ascertained.

In New York, 125,000 children have been tested without any ill results, and in Edinburgh 4,000 have received the test. It is found that at the most susceptible age, which is two to three years, 60 or 70 per cent. are susceptible, while susceptibility is less than this above and below that age, and declines to 15 per cent. in persons over 20 years.

Those found susceptible are advised to submit themselves to active immunisation by administration of toxin-antitoxin mixture, or "toxoid," and this method gives immunity which lasts. It is extensively used for Nurses with very good results in Birmingham and elsewhere. There is evidence to show that Diphtheria occurring amongst children can be reduced by 75 per cent. by these means. In Edinburgh, much willing co-operation has been shown by the parents, their consent having been given in the case of 43 per cent. of all the children under ten years of age.

Such a result seems to be a tribute to Scottish intelligence and it is a sanguine person who would prophesy the like to happen in the Midlands of England. At any rate, extensive propaganda would be required and a special organisation set up.

Contacts are examined and also swabbed when considered advisable. Patients and contacts of both Diphtheria and Scarlet Fever, who are attending School, are not allowed to resume attendance until they have been examined and certified fit. Disinfection is carried out for Diphtheria on the same lines as in Scarlet Fever cases.

Pneumonia.

	Notifications of Acute Pneumonia.		Deaths from all forms.		Rate per 1,000 total pop.
1921	...	3	...	25	...
1922	...	23	...	46	...
1923	...	52	...	45	...
1924	...	23	...	31	...
1925	...	33	...	31	...

All notified cases are enquired into, and a leaflet of instructions left at the home. District Nurses are available.

It is unusual for more than one case to have been notified from the same house, and no record of overcrowding was made on visiting cases during 1925.

Influenza.

		Deaths.		Rate per 1,000 total Pop.
1921	6	...
1922	20	...
1923	7	...
1924	17	...
1925	14	...

Encephalitis Lethargica.

This disease was made notifiable in 1919. No case was notified in this district till 1921.

It is of world-wide occurrence, attacks all ages, and both sexes nearly equally, and its mortality has usually been very high. Out of the 9 cases notified in this district, two males only are dead.

In addition, I have records of two other patients, schoolboys, who were not notified, but subsequent events show that they had a mild attack.

Of the 9 cases surviving, 6 are boys under 16 years at time of onset. Owing to the deplorable after effects, both physical and mental, which occur, I have kept these cases under review.

No. 1.—This case attacked as a Baby, is an imbecile and severely damaged physically.

No. 2.—Boy, who was sent to an Industrial School for pilfering, now appears well.

Nos. 3, 4, and 5.—These Boys have all suffered from character changes, and one has given a great deal trouble at home. All are said to be much more irritable than formerly. One is just leaving School, one is still at School, and one is at work.

6.—This Child has some weakness of one arm, and is very self willed, but this condition was evident before the illness.

The three Adults surviving are one male and two females.

The male, who was a collier, does not now work as such, but exhibits no change except some alteration in speech.

One female is well, but is now more forgetful.

The remaining woman is considerably damaged physically and mentally.

Non-Notifiable Infections.

These are dealt with under the Maternity and Child Welfare Section of Report.

Laboratory Work.

Under arrangements made by the County Council, the Bacteriologist made Reports as follows:—

Swabs for Diphtheria.	Positive.	Negative.
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Private Practitioners	...	73	...	34
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Medical Officer of Health	...	22	...	65
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Sputum for Tuberculosis.

Private Practitioners	...	—	...	19
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Widal Test for Typhoid.

Private Practitioners	...	1	...	1
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Diphtheria Antitoxin is supplied by the Council.

Disinfection.

There is a Thresh Steam Disinfector on the Council Premises.

TUBERCULOSIS.

The Ministry require me to state if any action has been taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or Section 62 of the Public Health Act, 1925, which empowers removal to Hospital of certain cases. No action has been necessary under these powers.

The Regulations prohibit persons suffering from Tuberculosis from employment in the milk trade.

I have supplied the Tuberculosis Officer with Local Statistics, and he has kindly given me the following Report:—

At Dr. Cleardinen's request I have compiled the following summary of the work carried out by the Staffordshire, Wolverhampton and Dudley Joint Committee for Tuberculosis in the Cannock Area.

In the year 1925 there has been a considerable increase in the number of deaths from Pulmonary Tuberculosis corresponding with a crude death rate of 0.7 per 1,000, but this is below the general average of 0.84 for England and Wales. The increase in the number of deaths over those occurring in 1923 and 1924 may possibly be attributed to the abnormally low figures for these two years. The deaths from non-pulmonary tuberculosis are slightly below the average of the two preceding years.

Year.	Number of Deaths.		Rate per 1,000.			Cases Notified.
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Total	
1916	23	10	0.77	0.33	1.10	61
1917	24	10	0.82	0.34	1.16	57
1918	20	10	0.69	0.35	1.04	59
1919	21	8	0.66	0.24	0.90	52
1920	19	6	0.58	0.18	0.76	61
1921	25	8	0.76	0.24	1.00	52
1922	25	9	0.74	0.26	1.00	64
1923	19	6	0.56	0.17	0.73	59
1924	14	7	0.43	0.21	0.64	59
1925	25	6	0.70	0.17	0.87	66

The register of notified cases of tuberculosis has been brought up to date as far as possible by frequent comparison with the Dispensary records and by enquiries addressed to the doctors

in the area. A certain number of names have been removed when it can be ascertained that the patients have been free from all signs and symptoms of tuberculosis of the lungs for five years or for three years in the case of non pulmonary tuberculosis. According to the regulations of the Ministry of Health such cases can be considered as cured. At the end of 1925 there remained on the register 214 names, so that in addition to the 31 deaths recorded, there were at least 214 persons suffering to a greater or less extent from the disease. Of those notified, 33 are known to have had at some time Tubercle Bacilli in their sputum, and therefore to be possibly in an infectious state. Probably the actual number of such cases is considerably in excess of the number quoted. It cannot, however, be too widely known that even persons with bacilli in the sputum are only dangerous to others if they are careless in their habits. A properly trained Tuberculous person is not at all likely to be a danger to the public, and this is fortunate, as some may continue to have bacilli in their sputum throughout a long life.

Notification.

Early notification is of importance both from the view of the patient, and of the public for proper treatment and training of the individual can then be undertaken with the greatest prospect of success. The disease is often extremely difficult to detect in its initial and therefore curable stage. At the onset there are usually no marked symptoms and not infrequently the patient only consults his doctor when the disease has done extensive and irrecoverable damage.

Of the fatal cases, 5 died un-notified. Enquiries were made in respect of each of these cases and it is satisfactory to find that Dr. Clendinnen reports that "the great majority of these cases of non-notification permit of satisfactory explanation. There was no case of wilful neglect or refusal to notify."

Year.	Number of Un-notified Deaths.		Average interval between notification and death.
	Respiratory.	Other Forms.	
1922	5	4	1.11 years
1923	0	1	0.88 "
1924	3	2	1.65 "
1925	12	3	0.97 "

Occupation.

The Incidence of Pulmonary Tuberculosis varies very markedly with occupation. Thus the tin miner is five times more likely to die from tuberculosis than the agricultural labourer. Generally, it may be said that the dusty trades are much more dangerous than those free from dust, but the miner is a striking exception. The nature of the dust is the all important factor and coal dust does not appear to be injurious from the Tuberculosis point of view, indeed many authorities consider that coal dust acts as a mild preventative from Tuberculosis. In 1914 it was found that while in England and Wales the Tuberculosis mortality for all occupied males was 1.75 per 1,000 that for the coal miner was only .85. On the other hand, the miner is particularly susceptible to other forms of lung disease which caused a mortality twice as large as that occurring amongst the rest of the occupied males. The Census returns for 1921 show that 6,707 male workers were engaged in coal mining in that year, 905 of whom work above ground. The next most numerous workers were those engaged as metal workers, of which there were 735 males and 26 females. Included in this number are 36 grinders and 24 glazers, polishers, buffers and moppers, trades in which pulmonary tuberculosis is notoriously prevalent, but the numbers are too small to draw any useful conclusions. Calculated on this basis, the death rate per 1,000 employed in these two trades is:—

Coal Miners88.	Metal Workers8.
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The latest official statistics available are those contained in the 57th Annual Report of the Registrar General for the years 1910, 1911, and 1912, which give the following corrected death rates per 1,000 population from Tuberculosis:—

Coal Miners—	Phthisis.	All forms
Durham and Northumberland	... .70	... .80
Lancashire	... 1.07	... 1.16
Yorkshire	... .81	... .88
Derbyshire	... .70	... .81
Nottinghamshire	... .53	... .60
Staffordshire	... .74	... .86
Monmouthshire and South Wales	... .70	... .78
Ironfounders	... 1.48	... 1.53
Millwrights	... 1.48	... 1.58
Cutlers and Scissors Makers	... 4.66	... 4.77
Tool Makers	... 3.08	... 3.14
Domestic Servants	... 1.36	... 1.45

The corresponding Death Rate from Pneumonia and Bronchitis amongst Staffordshire Miners is 1.31.

Treatment.

The Sanatoria and Hospitals provided by the Joint Committee have accommodation for 257 adults and 37 children. The various districts provided for by the Joint Committee are not in any way rationed, but on a proportional basis the beds available for Cannock patients would be approximately:—

Men: Prestwood Sanatorium, 7; Edge View Hospital, 2.

Women: Groundslow Sanatorium, 2; Yarnfield Hospital, 2.

In addition, the Himley Sanatorium for children has accommodation for 37, and on the same basis this would provide about two beds for Cannock. Arrangements are made for the treatment of surgical cases wherever beds can be obtained, but the unfortunate closing of the Biddulph Orthopaedic Hospital has caused much difficulty in securing accommodation. As a rule prolonged treatment at an Orthopaedic Clinic is necessary after discharge from Hospital so as to secure the best results. The nearest Centre is at Stafford and the frequent journeys necessary entail much loss of time and money. An Orthopaedic Clinic at Cannock is urgently required.

During 1925, 48 Cannock cases were admitted to the following Institutions:—

Prestwood Sanatorium	...	...	...	17
Edge View Tuberculosis Hospital	...	...	...	7
Groundslow Sanatorium	...	...	...	13
Yarnfield Tuberculosis Hospital	...	...	...	1
Himley Children's Sanatorium	...	...	...	5
Papworth Tuberculosis Colony	...	...	...	2
Stafford Infirmary	...	...	...	3

The Cannock Dispensary is open twice weekly:—

Tuesday, 5 p.m. to 7 p.m., Adults.

Friday, 3 p.m. to 5 p.m., Children.

During the year, 1,686 attendances were made. The average number of cases every month was 25 insured and 88 dependents. These figures refer to the whole area served by the Dispensary, and not to the Urban District alone.

Age at Death.

In Urban areas, the Female Death Rate from Pulmonary Tuberculosis is slightly above the Male Rate up to the age of 20, but after that age the number of Males who die from Phthisis is considerably in excess of the Females. The most fatal age for Females is 40, when the Death Rate is 2.6 per 1,000 females living. The corresponding Male Rate is 3.6. The most dangerous age for Females may be said to be from 30 to 45, and for Males from 35 to 60.

Tuberculosis, 1925.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0 to 1	...	...	2	...	...	...	1	1
1 to 5	...	1	2	5	...	1	...	2
5 to 10	1	1	4	1	...	...	1	...
10 to 15	1	2	2	1	1	...	...	1
15 to 20	2	4	2	1	1	...	...	...
20 to 25	3	8	...	...	3	4	...	...
25 to 35	10	4	1	...	1	5	...	...
35 to 45	5	4	1	...	2	3	...	...
45 to 65	3	1	...	...	3	1	1	...
65 & upwards	1	...	...	...	...	...	...	...
	26	25	14	8	11	14	3	4

Health Visiting.

The Health Visitors are appointed and maintained by the Cannock Urban District Council, but a grant in aid is paid by the Joint Committee. They visit all notified cases of Tuberculosis, and if the patient comes under the Tuberculosis Scheme, an Environmental Form is completed and forwarded to the Tuberculosis Officer. In it is given a complete account of the housing conditions, number in the family, and financial position. The Health Visitor gives advice as to the best method of arranging the sleeping accommodation, the proper method of disposing of the sputum so as to minimise the possibility of infection, and provides sputum flasks where necessary. The extreme importance of fresh air during night and day is also emphasised. Subsequent visits are paid at intervals of a month to see that the instructions given are carried out. The importance of the work of the Health Visitor cannot be too highly estimated; she is the only one who comes into constant intimate contact with the patients, and she only can so re-organise the home as to secure the maximum benefits of any other treatment accorded. Where necessary, she brings to the notice of the Tuberculosis Officer cases requiring grants of extra diet, which are made to patients awaiting admission to Sanatorium or on discharge from Sanatorium to bridge over the difficult time before the patient again becomes self-supporting.

The Health Visitor also arranges to send up for examination any "Contacts" she thinks may possibly be suffering from Tuberculosis. The actual nursing of advanced cases is undertaken by the County Nursing Association, and a grant of £2 10s. is made by the Joint Committee for all such cases notified to the Tuberculosis Officer.

Primary Visits paid 61.

Subsequent Visits, 1,263.

Cases in which extra diet allowance has been made, 6.

Housing Accommodation.

Cannock shares with the rest of the Country in the housing difficulty. Overcrowding is injurious to the Tuberculous in that their chance of recovery is reduced because of the lack of an abundant supply of fresh air. Not only so, but the opportunity to spread the disease is much increased when persons are herded together in close proximity. All persons having Tercle Bacilli should have a room to themselves, and the least that can be demanded is that they should sleep alone. The Council might well consider the advisability of setting apart certain of their houses for cases of active, infectious Pulmonary Tuberculosis. The Joint Committee have supplied one bed so that a man might sleep alone, and they have also granted the use of five shelters, which are in some cases greatly appreciated. One of these has been in constant use for 10 years. Shelters are not, however, very suitable for the treatment of advanced cases, and it is just these that are the most dangerous. The following table shows the sleeping conditions of patients where this is known:—

Patients with Tercle Bacilli in Sputum.

Having separate Bedrooms	Having separate Beds but room shared with		Beds shared with		Shelter
	One	More than one	One	More than one	
9	1	1	10	5	1

Patients in which No Tercle Bacilli have been found in Sputum.

Having separate Bedrooms	Having separate Beds but room shared with		Beds shared with		Shelter
	One	More than one	One	More than one	
19	5	11	28	12	4

After Care.

Members of the After-Care Committee have been appointed, but the list is not yet complete, and the Committee has not yet been called together. It is hoped that during 1926 this important branch of the Anti Tuberculosis Work will be in full working order. Its object cannot be better expressed than in the following extract from a memorandum by Dr. Coutts, of the Ministry of Health:—

“The function of the Care Committee then is to consider carefully the whole conditions, social and economic, of the family, and to endeavour to discover in what way adaptation of the conditions can best be obtained so as to secure for the patient the fullest advantage from the treatment he has undergone; to help him to live and work under the most satisfactory conditions possible, and to enable the family to be maintained in health and economic independence.”

Pure Milk.

All modern authorities are agreed on the danger of milk contamination with Tubercle Bacilli, especially when given to children. Investigation has shown that over 8 per cent. of the milk arriving at Birmingham during 1924 contained Tubercle Bacilli, and practically the same figure applies to the Liverpool milk supply. In children under 10 years of age, 70 per cent. of all gland tuberculosis is due to milk infection, and which also causes 25 per cent. of the cases of bone and joint disease. These figures are alone sufficient to justify the efforts that are being made to secure a pure and sufficient milk supply. No case of open tuberculosis has been found amongst those engaged in the milk trade.

A. H. PARKINSON,

Tuberculosis Officer, Mid-Stiffs.

MATERNITY AND CHILD WELFARE.

The Statutory Committee appointed for this purpose consists of the Health Committee of the Council, with four co-opted members, who are all ladies. The Council have not delegated any powers to this Committee, but as directed by statute all matters relating to its title are referred to it, and up to the present it has been entrusted on each occasion with the appointment of Health Visitors.

During the period from the end of 1920 until 1st April, 1925, when an important extension was made, there was no alteration in the scope of the work carried out. It consisted of health visiting of Infants up to the age of two years, and the

holding of two Infant Welfare Sessions one at Cammick and one at Hednesford each week, the staff consisting of four Health Visitors, who gave half their time to this and tuberculosis visiting and myself as medical officer to the Centres.

Notification of Births.

The Notification of Births Act, which requires notification of all births, and still-births occurring after the 28th week of pregnancy, to be notified to the Medical Officer of Health within 36 hours, forms the basis of health visiting. Registration of births may be delayed till 6 weeks after the event. The Local Registrar is supplied by me with a weekly list of notified births, and she reports to me as to any birth registered by her which has not been notified.

Care has been taken to call attention to all failures to notify by writing to the parent as the person primarily responsible. A more or less satisfactory explanation has been almost invariably received.

It will be seen that the percentage of births unnotified has been about 2 during the last 3 years. Over the last 5 years it is 3.4 per cent. The number notified promptly within 36 hours amounts to 90 per cent.

Year.	Live Births	Notified.	Unnotified.	Still-births.
1921	...	936	...	48
1922	...	828	...	32
1923	...	826	...	20
1924	...	868	...	17
1925	...	814	...	14

Extension of the Work.

On 1st April, 1925, an additional Health Visitor was appointed, making the staff five. Each has a separate district, and gives 3/5ths of her time to Maternity and Child Welfare Work and Tuberculosis Visiting, and the remaining 2/5ths to School Nursing. If an Officer continued duty in the same district for 14 years she would therefore have had supervision of all the children from birth to leaving School. I have always been adverse to putting down on paper a larger scheme of work than practical experience shows to be within the capacity of the staff, consequently it was not until the addition to the staff was made that systematic visiting of children between two and five years was commenced. Cards are no longer put aside when the child has attained the age of two years, and old cards dealing with children born since the middle of 1921 were on 1st April again brought into use.

In addition to this increase of Infant Visiting, Antenatal Visiting was also commenced. A monthly Antenatal Centre was

opened at Chads Moor, and two new Welfare Centres were established, one at Chads Moor and the other at Heath Hayes, at both of which weekly sessions are held.

Owing to difficulty in arranging for a proper temperature to be maintained at the hired premises at Heath Hayes that Centre had to close down in October, and had not been re-opened at the end of the year. By no means all the time of the equivalent of a Health Visitor, by which the staff has been increased, has been available for visiting work proper, as attendance at the new Antenatal Clinic and the two Welfare Centres reduces it by 1½ days per week. Consequently, although the staff amounts to one Health Visitor (whole time) to about 300 births, the other work has to be allowed for, as also the social character of the district resulting in practically all births requiring to be visited, and its scattered nature.

Work of Health Visiting during 1925.

Antenatal Visits: Primary, 58. Re-visits, 50.

Visits to Infants: Primary, 818. Re-visits, 10,705.

RE-VISITS ACCORDING TO AGE.

Under 1 year	...	...	...	...	3826
One to two years	...	...	...	...	3711
Two to three years	...	...	...	...	1547
Three to four years	...	...	...	...	981
Four to five years	...	...	...	...	640

SPECIAL VISITS.

Ophthalmia, 23. Measles: Primary, 766; Re-visits, 873.

Diarrhoea, 28.

Welfare Centres.

CENTRE	Sessions held	Primary attendances of Infants			Total Attendances		
		Under 1 year	1-2 years	Over 2 years	Under 1 year	1-2 years	Over 2 years
Cannock	46	99	12	7	1272	489	556
Hednesford	50	65	23	9	1207	304	666
Chads Moor	39	78	6	17	952	160	226
Heath Hayes	28	76	17	32	392	254	198
Totals	...	163	318	65	3823	1207	1646

Attendances totalled 6,676, and attendances per session were: Cannock 50, Hednesford 43, Chads Moor 34, and Heath Hayes 30. The old Centres at Cannock and Hednesford show 4,494 attendances in 1925 as compared with 4,498 in 1924, and 4,441 in 1923. As the new Centres opened in April, it does not seem likely that the attendances at Cannock and Hednesford will be much reduced, although many infants living nearer to the

new Centres were transferred to them. By the end of the year the Chadsmeor Centre was showing about 50 attendances per session, and this is likely to be maintained or increased, as it is well situated in the most closely populated Ward in the area.

Practically no treatment is given at the Centres, but dried milk and Cod Liver Oil or similar preparations are sold. Reference to their own Doctors, or to Hospitals, is made in cases requiring it. Model clothing is shown. Talks have been given by the Nurses and mothers have received prizes for essays written on these. On at least one occasion mothers have competed for prizes in a cookery display, judged by the cookery teacher of the Education Committee.

Much effort is devoted to the encouragement of breast feeding, but it is regrettable that so many mothers fail in this natural function. Although very often early weaning, or failure to breast feed at all, appears to be lightly regarded and allowed to happen without reasonable cause, cases are seen which appear to be genuine instances of inability. From whatever cause this arises, faulty diet or habits of the mother, the stresses she labours under, or some inherent lack in her constitution, or all these combined, it is a serious matter for oncoming generations.

The visiting of children between two and five years enables early knowledge to be gained of exceptional children, such as cripples and feeble-minded, and more ordinary defects like squint, running ears, and minor skin and eye defects, and it will not be long before systematic arrangements for the treatment of these disorders will be considered most necessary. Already some demand for this has been shown by parents. The valuable work of voluntary helpers at the Centres deserves all praise.

Antenatal Work.

The Clinic was held on seven occasions by Dr. Annie Madin Smith, who also undertook the post of Medical Officer to the new Welfare Centres.

In order to bring the Antenatal Clinic into notice, I communicated with all the Midwives and the County Medical Officer was good enough to send them a circular letter asking them to encourage their patients to make use of it.

Primary cases attending numbered 22, and re-attendances numbered 11. There is great need for this work, which should increase considerably in the coming year.

I have drawn the attention of the Committee to the need of arranging for beds to be available for the treatment of disorders of pregnancy, and for the reception of cases of apprehended difficulties in confinement. Good attendances at the Clinic are far more likely when facilities are available for institutional treatment should such be required.

Infant Mortality during the Year 1925.

Infant Mortality.
Table showing Death Rates per 1,000 Births.

	Under 4 weeks		4 weeks to 1 yr.		Total under 1 yr.	
	Cannock	England & Wales	Cannock	England & Wales	Cannock	England and Wales
5 years—1916—20	43	37	54	53	97	90
1921	...	61.2	35	43	47	104
1922	...	45.9	34	39	43	85
1923	...	36.6	32	48	37	84.8
1924	...	51.8	33	30	42	81.2
1925	...	47.2	...	37.6	...	84.8
						75

“Infant Mortality is the most sensitive index we possess of social welfare. If babies were well born and well cared for their mortality would be negligible. The Infant Death Rate measures the intelligence, health, and right living of fathers and mothers, the standards of morals, and sanitation of communities and governments, the efficiency of physicians, nurses, health officers and educators.”—Sir Arthur Newsholme.

The above table shows that Infant Mortality has decreased when comparing local records for the last five years, with 1916-1920, but at a less proportion than in the country as a whole.

The rate in 1921 was exceptional, owing to an excess of deaths from prematurity and diarrhoeal diseases, and the improvement shown in 1922 has been little bettered since. The whole improvement has occurred at ages over one month to one year, the average at these ages being 39.5 deaths per 1,000 births during the last five years, compared with 54 per 1,000 in 1916-20. This rate is slightly below that of England and Wales. At the same time, deaths under 1 month (4 weeks) are actually greater being 48.5 during the last five years, and 43 in 1916-20. As a matter of fact, more than one-third of the children die in the first week, and about a quarter do not live more than a day.

Taking a comparison with Rural Districts in the South, Cannock for 1924 showed a figure of 51.8, as against 27 for these districts, for the death rate per 1,000 births under one month.

There are probably many and complex reasons for this great disparity, but no reasons are known which would appear to render it impossible to achieve as good a record in one part of the country as another. The higher birth rate in a mining district should not in itself be considered a sound explanation, and social and environmental conditions where at fault should be capable of remedy. While many of these deaths under one month are due to antenatal causes, which work amongst expectant mothers should influence, not a few result from insufficient care immediately after birth.

To turn now to the consideration of three main causes of death, the following table shows death rates for the last five years compared with the average of the preceding five years, for Cannock and England and Wales, for the diseases shown:—

Deaths from Stated Causes. Rates per 1,000 Births.

	Developmental and Wasting Diseases		Diarrhoea and Enteritis		Respiratory	
	Cannock	England and Wales	Cannock	England and Wales	Cannock	England and Wales
1916—1920	48.1	35.4	6.6	9.4	21	19.2
1921	55.1	33	20.6	13.79	13.4	15.17
1922	49.2	31	8.0	5.57	16.7	18.47
1923	46.1	29	8.2	6.82	14.1	13.79
1924	38.6	31	6.8	6.32	19.1	18.46
1925	42.4	...	3.6	...	20.6	...

It will be seen that for diarrhoeal diseases, Cannock is usually in a worse position than England and Wales, and these diseases are closely associated with sanitary conditions. When the test of a hot dry summer came in 1921, the mortality here was 50 per cent. higher than that of the country. It has, however, been gratifyingly low during the last three years, especially the last two. Mortality from respiratory diseases locally corresponds closely with that of the whole country, and continues practically at the same level as for years past.

This, combined with decrease in summer diarrhoea, has lately made the winter months the heaviest season for Infant Mortality, which it used not to be. These deaths from respiratory disease are to a large extent preventable by better care.

It is in the group of developmental and wasting diseases that the majority of deaths in the first month of life occur, and it will be seen that the figures of death rates from these causes correspond rather closely to the figures relating to the deaths under four weeks. The average death rate per 1,000 births from these causes during the last five years is 46, compared with 48 in 1916-1920, a very slight improvement.

Again, comparing it with Southern Rural Districts in 1924, the Cannock figure was 38.6, compared with 26.47 for those districts. In the years 1907-10, as compared with 111 towns, Cannock was eleventh highest in the death rate 0—1 month, owing to its high mortality from these developmental diseases, and the figures in the above table show that on the average this rate for

these diseases is practically 50 per cent. higher than in England and Wales. I have remarked that for ages over one month the Infant Mortality of Cannock is slightly less than that of England and Wales, and dealing next with deaths between one and two years, I have worked out the following figures, which show Cannock at a more decided advantage:—

	Death Rate per 1,000 Births under 1 year			Per 1,000 Survivors, 1-2 years		
	Cannock	England & Wales	Cannock	England & Wales		
1921	... 10.4 ...	82	... 13 ...	19		
1922	... 8.5 ...	77	... 22 ...	25		
1923	... 81.8 ...	69	... 21 ...	19		
1924	... 81.2 ...	75	... 9 ...	22		
1925	... 84.8 ...	75	... 17 ...	—		

The Death Rates between two and five years, calculated per 1,000 survivors at two years, are:—

1921	... 18	1924	... 16
1922	... 17	1925	... 19
1923	... 14		

These rates also appear to be lower than those of England and Wales. During the last five years, however, deaths from Measles are only 10, as compared with 68 in the previous five years.

Maternal Mortality.

In the past ten years, there have been 36 deaths of women in consequence of child-birth, equal to a rate of 4.2 per thousand births. In the first half of this period the rate was 4.3, and in the last five years 3.86. Of the 36 deaths, seven were from sepsis and 29 from other causes. In addition, not a few women who survive are damaged by associated illnesses and accidents. When the mother is lost or her health damaged, the child suffers also. Further elucidation on these matters is required. Sepsis due to absorption of poisonous products is conceivably to be prevented by cleanliness, but cases occur in which this has not been omitted.

Of deaths from other causes, many should be avoidable, given efficient antenatal care and treatment. By this, the need for operative treatment should be foreseen, and the patient removed to a well-equipped institution, and not be subjected to what is often a serious and prolonged operation in an insanitary overcrowded house, where the Doctor is often hopelessly handicapped. According to the records, only three of the above 36 patients had the benefit of institutional treatment. The Council should take any opportunity, such as is afforded by the proposed

extensions at the Wolverhampton Women's Hospital, to secure the provision of beds for the women of this district. Under the arrangements made with the Local Nursing Associations, nursing assistance in the home is provided for cases of Puerperal Fever.

Supply of Milk to Necessitous Cases.

The cost of this amounted to £84, which is an increase on previous years. In 1923, the cost was £25 17s. 6d., and in 1924 £33 8s. 6d.

Orthopaedics.

Beyond assistance by District Nurses, the cripple child is unprovided for by the Council.

A joint scheme with the Education Committee should be set up. Seven cases of Poliomyelitis were notified during the last five years.

Ophthalmia Neonatorum.

Of this serious disease, 47 cases were notified during the past five years.

Year	Cases	Treated		Vision impaired
		At Home	In Hospital	
1921	11	9	2	1
1922	14	14	—	None
1923	5	5	—	None
1924	10	10	—	None
1925	7	7	—	None

No case of blindness has resulted since 1918.

Many of the above cases were mild infections. Prompt attention is given to all. No death has occurred since 1921, when one resulted from intercurrent disease.

Measles and Whooping Cough.

Mortality per million.

Year	Measles.			Whooping Cough.		
	Cannock	England and Wales		Cannock	England and Wales	
1916-20	438	207	...	135	158	
1921	—	59	...	—	121	
1922	29	149	...	91	167	
1923	88	138	...	—	108	
1924	—	124	...	28	103	
1925	170	130	...	114	150	

From this it would appear that the Mortality from Measles has been slightly less during the last ten years in Cannock than

in the country as a whole, and that from Whooping Cough very much less. The actual Deaths have been:—

Year.	Measles.	Whooping Cough.
1916	5	3
1917	18	1
1918	35	8
1919	—	2
1920	15	7
1921	—	—
1922	1	3
1923	3	—
1924	—	1
1925	6	4

The latter half of the period has been extremely favourable compared with the first ten years. Deaths from both these diseases invariably occur from complications, and the mortality from both is largely concealed.

I took some trouble to investigate this matter in 1918, when I corresponded with the Registrar-General, who was, of course, quite aware of the inaccuracy in statistics which results. In that year, ten deaths no doubt primarily due to Measles were certified as deaths from Pneumonia or Bronchitis. During the last quarter of 1925, Measles appeared in epidemic form, and six deaths were certified as due to it. I find the tendency for deaths to be returned as due to complications without mention of Measles again appearing.

Teachers and School Attendance Officers report cases, as directed by resolution of the Education Committee. Not a few parents notify cases. The Health Visitors give immediate attention to this dangerous disease, and the services of District Nurses are offered also.

Experience shows that few of the cases are missed where a sufficient and energetic staff for this work is available, and that no advantage could be expected from again enforcing the duty of notification on Medical Practitioners. Out of 930 cases recorded, 527 were in children over five years of age, which is no doubt accounted for by comparative freedom from epidemics in the previous four years. Only one death resulted amongst children of this age, the remaining five deaths occurring under five, four being under two years. Cases recorded under two years were 119, so that a case mortality of 3.36 per cent. occurred at these ages.

This shows the extreme seriousness of Measles in the first two or three years of life, and calls for a far more careful attitude on the part of the parents. Good medical and nursing care is required. In the last ten years, 78 deaths were certified, and it is safe to say that it really killed 100 at least, while in the same

period 50 deaths resulted from Diphtheria. In those who survive an attack of Measles, after effects are often very severe in the form of lung disease and general debility. In some cases sight is damaged or even the eye lost, and running ears with damage to hearing is not infrequent. All children, therefore, should be medically examined after an attack, and cases requiring it placed in convalescent homes or open-air schools.

School attendance and exclusion have been dealt with on the lines of the 1925 Memorandum. No Schools were closed.

Maternal and Infant Deaths and Stillbirths.

Enquiries into the circumstances of these are made. During the last five years the numbers of stillbirths notified were:— 30, 31, 38, 25, 27.

Unmarried Mothers and Illegitimate Children.

No special provision is made by the Council for these. Of course, the same facilities at Centres and Clinics are open to them as to all other cases. During the five years 1916-20, there were 188 illegitimate births, and the infant mortality rate on these was 90 per thousand. During the last five years, births were 155, and the rate 109 per thousand.

I am, Gentlemen,

Yours faithfully,

W. M. CLENDINNEN.

Cannock,

30th March, 1926.

Causes of Death during 1925.

				Males.		Females.
1	Enteric Fever	...	...	—	...	—
2	Smallpox	...	...	—	...	—
3	Measles	...	...	1	...	5
4	Scarlet Fever	...	...	1	...	—
5	Whooping Cough	...	...	2	...	2
6	Diphtheria	...	...	5	...	4
7	Influenza	...	...	8	...	6
8	Encephalitis Lethargica	...	...	—	...	—
9	Meningoæcoecal Meningitis	...	...	—	...	—
10	Tuberculosis of Respiratory System	...	...	11	...	14
11	Other Tuberculous Diseases	...	...	4	...	2
12	Cancer, Malignant Disease	...	...	11	...	11
13	Rheumatic Fever	...	...	1	...	1
14	Diabetes	...	...	—	...	2
15	Cerebral Haemorrhage, etc.	...	...	7	...	12
16	Heart Diseases	...	...	16	...	14
17	Arterio-sclerosis	...	...	8	...	11
18	Bronchitis	...	...	14	...	11
19	Pneumonia (all forms)	...	...	18	...	13
20	Other Respiratory Diseases	...	...	5	...	1
21	Ulcer of Stomach or Duodenum	...	...	2	...	2
22	Diarrhoea, etc. (under 2 years)	...	...	2	...	2
23	Appendicitis and Typhlitis	...	...	2	...	—
24	Cirrhosis of Liver	...	...	1	...	—
25	Acute and Chronic Nephritis	...	...	3	...	2
26	Puerperal Sepsis	...	...	—	...	1
27	Other Accidents and Diseases of Pregnancy and Parturition	...	...	—	...	2
28	Congenital Debility and Malformation, Premature Birth	...	...	20	...	17
29	Suicide	...	...	3	...	3
30	Other Deaths from Violence	...	...	15	...	2
31	Other Defined Diseases	...	...	29	...	32
32	Causes Ill-defined or Unknown	...	...	2	...	—
	TOTAL	...	...	191	...	172

INDEX.

Adoptive Acts	...	...	...	10
Ambulance	...	...	...	8
Antenatal Work	...	...	...	43
Bacteriology	...	...	...	33
Bakehouses	...	...	...	16, 25
Bye-laws	...	...	...	10
Cancer	...	...	...	8
Clinics and Centres	...	...	...	8, 42
Closet Accommodation	...	...	...	13
Dairies, Cowsheds, and Milkshops	...	...	...	17
Diarrhoea	...	...	...	46
Diphtheria	...	...	...	29
District Nursing	...	...	...	9
Encephalitis Lethargica	...	...	...	33
Enteric Fever	...	...	...	25
Factories and Workshops	...	...	...	19
Foods	...	...	...	15, 24
Health Visiting	...	...	...	42
Hospitals	...	...	...	8
Housing	...	...	...	20
Illegitimacy	...	...	...	50
Infant Mortality	...	...	...	45
Influenza	...	...	...	7, 32
Maternal Mortality	...	...	...	47
Measles	...	...	...	48
Midwives	...	...	...	10
Milk	...	...	...	24, 40
Natural Features	...	...	...	4
Occupations	...	...	...	5
Office Accommodation	...	...	...	4
Ophthalmia	...	...	...	48
Overcrowding	...	...	...	21
Poliomyelitis	...	...	...	48
Pneumonia	...	...	...	7
Puerperal Fever	...	...	...	47
Scarlet Fever	...	...	...	27
Scavenging	...	...	...	13
Schools	...	...	...	18
Sewerage	...	...	...	11
Slaughterhouses	...	...	...	15
Smoke	...	...	...	19
Staff	...	...	...	9
Stillbirths	...	...	...	50
Tuberculosis	...	...	...	34
Vital Statistics	...	...	...	7
Water	...	...	...	10
Whooping Cough	...	...	...	48
Welfare Centres	...	...	...	42

